

**EXHIBIT A**

Bernard L. Madoff Investment Securities LLC  
Case No 08-01789-BRL  
U.S. Bankruptcy Court for the Southern District of New York  
Claim Number: 015029

**CUSTOMER CLAIM**

Date Received \_\_\_\_\_

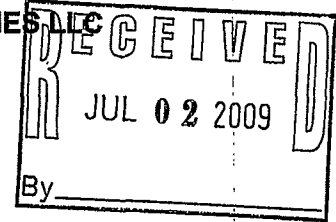
**BERNARD L. MADOFF INVESTMENT SECURITIES LLC**

In Liquidation

**DECEMBER 11, 2008**

(Please print or type)

Name of Customer: FONDAUTO Fondo de Pensiones  
Mailing Address: Paseo Castellana 33  
City: Madrid, Spain State: — Zip: 28046  
Account No.: see Addendum  
Taxpayer I.D. Number (Social Security No.): V79513032 (Spanish tax ID)



**NOTE:** BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

\*\*\*\*\*

1. Claim for money balances as of **December 11, 2008:**

- a. The Broker owes me a Credit (Cr.) Balance of \$ 1,867,760 \*
- b. I owe the Broker a Debit (Dr.) Balance of \$ \_\_\_\_\_
- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ \_\_\_\_\_
- d. If balance is zero, insert "None." \_\_\_\_\_

\* See Addendum

*per G.H.*

2. Claim for securities as of **December 11, 2008:**

**PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.**

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities        | _____      | _____     |
| b. I owe the Broker securities          | _____      | _____     |
| c. If yes to either, please list below: |            |           |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

*me* *ahf*

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | <u>X</u>  |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | <u>X</u>  |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | <u>X</u>  |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | <u>X</u>  |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | <u>X</u>   | _____     |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | <u>X</u>   | _____     |
| 9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker.  | _____      | <u>X</u>  |

Please list the full name and address of anyone assisting you in the preparation of this claim form: Robert Flanigan, Meyer Brown  
20 avenue Hoche, 75008 Paris, France

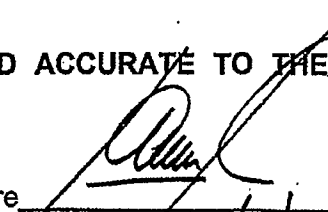
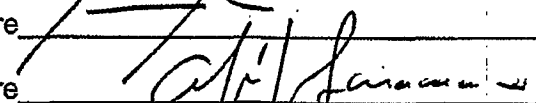
Tel + 33 1 53 53 03 48

*per aff*

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

**IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.**

**THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.**

Date \_\_\_\_\_ Signature  \_\_\_\_\_  
Date \_\_\_\_\_ Signature  \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

**This customer claim form must be completed and mailed promptly,  
together with supporting documentation, etc. to:**

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

**ADDENDUM TO CUSTOMER CLAIM**

**BERNARD L. MADOFF INVESTMENT SECURITIES LLC**

In Liquidation

**DECEMBER 11, 2008**

This Customer Claim is being filed by FONDAUTO Fondo de Pensiones, SA, a Spanish pension fund (the "Investor") managed by Mutuactivos Pensiones, S.A., SGFP (the "Investment Manager"). Both the Investor and the Investment Manager are Spanish corporations. The address of the Investment Manager is Paseo Castellana 33, 28010, Madrid, Spain and its telephone number is +34 902 256 256. Its Spanish taxpayer identification number is A79137626.

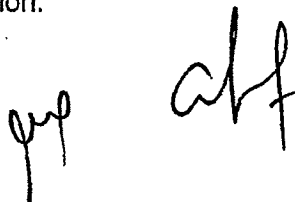
The Investor's assets were indirectly invested by Bernard L. Madoff Investment Securities LLC ("BMIS") through an investment in Optimal Strategic US Equity Ireland Euro Fund Class B Eur ("Optimal SUS"), a feeder fund of Optimal Multiadvisors Ireland Ltd, an umbrella fund (the "Optimal Fund"). In response to question 8, discretionary authority to execute securities transactions through BMIS was exercised by Optimal Investment Services S.A., 2-4 Place des Alpes, Case Postale 1824, CH-1211 Geneva, Switzerland, the investment manager of the Optimal Fund. We understand that virtually all the assets of Optimal SUS were invested directly or indirectly through BMIS, and that the investment strategy of Optimal SUS was determined and implemented by BMIS. In light of the relationship between Optimal SUS and BMIS, we understand that claimants, as shareholders of Optimal SUS, may be considered customers of BMIS and may thus be eligible for coverage from SIPC or otherwise for losses relating to their investments that were ultimately made with BMIS.

As of December 11, 2008, the Investor held 9,582,3747 shares of Optimal SUS with a net asset value of €129.48 per share and a total value of €1,240,725.88 (equal to \$1,649,421 when converted at the official exchange rate of €1.00 = \$1.3294 as published by the Federal Reserve Bank of New York for December 11, 2008).

The Investor acquired its shares in Optimal SUS in two transactions. The Investor invested €800,000 on May 1, 2008 (equal to \$1,236,640 when converted at the official exchange rate of €1.00 = \$1.5458 as published by the Federal Reserve Bank of New York for May 1, 2008) and €400,000 on July 1, 2008 (equal to \$631,120 when converted at the official exchange rate of €1.00 = \$1.5778 as published by the Federal Reserve Bank of New York for July 1, 2008). The Investor has made no withdrawals from Optimal SUS. See the attached trade confirmations from HSBC setting forth the Investor's transactions in Optimal SUS. The total USD amount invested indirectly in BMIS is accordingly \$1,867,760 and is indicated as the Credit Balance due the Investor in Section 1 of the Customer Claim.

As reported by the Trustee, it appears that no securities were purchased by BMIS on behalf of customers during the period relevant to this Customer Claim. A breakdown of the Investor's securities as of the date of the commencement of liquidation proceedings for BMIS ("Section 2 of the Customer Claim") is accordingly not available. The Investor therefore requests recovery of cash and/or securities in a combined amount equal to the value indicated in Section 1.

For any questions regarding this Customer Claim, please contact the person indicated herein as having assisted in its preparation.





HSBC Securities Services  
(Ireland) Limited

HSBC House, Harcourt Centre,  
Harcourt Street, Dublin 2, Ireland  
Tel +353 1 407 2000 Fax +353 1 407 2293

Fondauto FP  
Pó De La Castellana, 33  
28046  
Madrid  
Spain

Fund ID : DBSUEIFEB01  
Holder ID : 04202301  
Account ID : 04202301  
Contract No. : 87736501  
Date : May/20/2008  
Order No. : 59226901  
FAX Number : 91 702 7351  
Email : pmartinezroda@mutuactivos.com

Trade Desk  
Account name: Fondauto FP

**Optimal Strategic US Equity Ireland Euro Fund Class B EUR**

In accordance with your instructions the Administrator confirms having ISSUED the following Shares in Optimal Strategic US Equity Ireland Euro Fund

Valuation/NAV Date		Apr/30/2008
Trade Date		May/01/2008
Value/Cash Date		Apr/23/2008
Total Consideration	EUR	800,000.00
Net Proceeds	EUR	800,000.00
Subscription Price		124.77
No. of Shares Issued		6,411.7977
Total Consideration Received to Date	EUR	800,000.00

Your balance following this transaction will be 6,411.7977 Shares.

Note : IS\_480F6F5CEC0A

For more information or any inquiries, please contact us at [dubafsinvestor@hsbc.com](mailto:dubafsinvestor@hsbc.com)  
Tel: +353 1 488 2892 Fax: +353 1 407 2293

*pm* *abf*



HSBC Securities Services  
(Ireland) Limited

HSBC House, Harcourt Centre,  
Harcourt Street, Dublin 2, Ireland  
Tel: +353 1 407 2000 Fax: +353 1 407 2293

### Confirmation of Order Received

Fondauto FP  
Po De La Castellana, 33  
28046  
Madrid  
Spain

Date : Jul/07/2008  
Fund ID : DBSUEIFEB01  
Holder ID : 04202301  
Account ID : 04202301  
Order No. : 61954201  
Email : pmartinezroda@mutuactivos.com  
FAX Number : 91 702 7351

Trade Desk  
Account: Fondauto FP

#### Optimal Strategic US Equity Ireland Euro Fund, Class B EUR

The Administrator confirms receipt of your instruction to SUBSCRIBE to  
Optimal Strategic US Equity Ireland Euro Fund at the next dealing date

Trade Date	Jul/01/2008
Valuation/NAV Date	Jun/30/2008
Type of transaction	Subscription
Amount	EUR 400,000.00

Please be advised this is a trade receipt acknowledgement form, not a contract note. All orders are subject to approval by the Fund. Any discrepancies should be highlighted to the Administrator within 48 hours from the date of this letter.

**Note 1: IS\_485BA53AD2E9**

For more information or any inquiries, please contact us at [dubaisinvestor@hsbc.com](mailto:dubaisinvestor@hsbc.com)  
Tel: +353 1 488 2892 Fax: +353 1 407 2293

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FEDEX

Express

FedEx

RT 777 1  
FZ 778  
01.05.10

Fe  
TRK# 0463 8686 2965  
XH RI  
MEMIP 181736 8

FedEx Expanded Service  
Express International Air Waybill

Not all services and options are available to all destinations.

1 From  
Date  
Sender's Name DANIEL ALAMINOS  
Company RAMON Y CAJAL ABOGADOS  
Address C/ ALMAGRO, 16  
City MADRID  
Country ESPAÑA  
Sender's VAT/TURN Number  
2 To  
Recipient's Name IRVING H. PICARD  
Company  
Address ZIDOO MC KINNEY AV, SUITE 800  
Address CLAIMS PROCESSING CENTER

4a Express Package Service  
FedEx Int. Priority  
4b Express Freight Service  
FedEx Int. Priority Freight  
5 Packaging  
FedEx Envelope  
6a Special Handling  
HOLD at FedEx Location  
6b Broker Selection

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